



Expedited Partner Therapy (EPT)

DEFINITION	<p>Expedited Partner Therapy defined as treatment of partners without a personal assessment by a health-care provider, is an accepted method of treatment of chlamydia and gonorrhea infections in North Dakota. The preferred method for interrupting the transmission of sexually transmitted diseases is to examine, perform diagnostic testing and appropriately treat all sex partners of persons diagnosed with an STI. EPT has been demonstrated to be effective in treating partners as a last resort of ensuring treatment of infected partner(s).</p> <p>Sexual partners do not require a medical chart in order to receive EPT. However, when the patient is being treated with medication provided by the North Dakota Department of Health STD Program through 340 certification, federal regulation requires that “record of the individual’s health care” be maintained. The federal register specifically used this language versus stating a “medical chart” or “medical record” to assure some documentation was kept while removing the barrier of needing a specific document.</p> <p>Chlamydia and gonorrhea are reportable diseases (North Dakota Century Codes 23-07-02. 1 and 23-07-02.2) A STI self-interview questionnaire is available to providers to collect the minimal required fields on reporting STI, as well as reporting sex partner(s) and treatment outcomes of both patient and partner(s).</p> <p>North Dakota law stipulates any minor 14 years of age or older may receive examination, care or treatment for sexually transmitted diseases without permission, authority, or consent of a parent or guardian.</p>
SUBJECTIVE	Client follow up regarding a positive chlamydia and/or gonorrhea with partner(s) that are deemed unlikely to access health care themselves or when a client presents with reinfection.
OBJECTIVE	Positive chlamydia and/or gonorrhea
LABORATORY	Screening for chlamydia and/or gonorrhea May have other STI screening labs as indicated
ASSESSMENT	Candidate for EPT, based on history
PLAN	<p>A. EPT is clinically indicated for the following partner(s) of a client with chlamydia and/or gonorrhea:</p> <p>1.) Diagnosis confirmed by a positive laboratory test.</p> <p>* Whenever possible, contact should be made by phone, the sexual partner(s) to explain the reason for providing EPT. Also, an opportunity to review health history, medication side effects, allergies to medication, and the explanation for providing EPT.</p> <p>RECOMMENDED TREATMENT FOR CHLAMYDIA</p>

	<ol style="list-style-type: none"> 1. Azithromycin 1 gram po in single dose. Or 2. Doxycycline 100 mg bid po for 7 days. <p>RECOMMENDED TREATMENT FOR GONORRHEA (with or without co-infection)</p> <ol style="list-style-type: none"> 1. Cefixime (Suprax) 400 mg po in single dose. PLUS 2. Azithromycin 1 gram po in single dose. <p>TEST OF CURE IN 1 WEEK – for client and partner(s), is recommended if treated with Cefixime.</p> <p>NOTE: Cefixime has limited efficacy in treating pharyngeal infections. Ceftriaxone is the recommended treatment if there is oral sex exposure. Partner(s) receiving EPT for gonorrhea exposure should be informed that the oral medication used for EPT are not as effective for treating pharyngeal infection. (Ceftriaxone injections are not an option for EPT).</p> <p>B. EPT for the following patients are not recommended by the CDC:</p> <ol style="list-style-type: none"> a) Men who have sex with men (MSM) with chlamydia or gonorrhea infections, due to the high prevalence of co-morbidities in MSM and lack of data regarding EPT efficacy in this population. b) Women with trichomoniasis, because of a high risk of STD co-morbidity (especially chlamydia and gonorrhea) in partners. c) Any partner with syphilis d) Pregnant partner(s) should not be considered for EPT and must be referred to their prenatal care provider. e) Any cases of suspected child abuse, sexual assault, or abuse; or a situation in which the patient's safety is in doubt.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. EPT should be accompanied by educational materials that advise partners to seek health care in addition to the medication. (For all documents referred to the Toolkit . available for print at www.ndhealth.gov/STD/Expedited . 2. Health-care providers seeing adolescent patients should provide assurance regarding the confidential nature of the visit, testing and treatment received. Encourage adolescents to tell their parents/guardians about their medical condition when appropriate.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any partner(s) whose signs and symptoms do not resolve following treatment. 2. Any pregnant woman, and every effort should be made for referral to pregnancy services. 3. Any partner with symptoms such as abdominal or pelvic pain require immediate attention.

Revised

- References:
1. www.ndhealth.gov/SDT/Expedited under 'EPT Toolkit.
 2. www.cdc.gov/std/treatment/2010
 3. www.ndhealth.gov/disease/contacts/areacall.htm